State Form XXX (2/06) BCC 0805 Pre-Application – DRAFT

CHILD CARE DEVELOPMENT FUND (CCDF)

_____ County Child Care Subsidy Pre-Application

Date Completed _____ Phone: Area Code (_____) Number _____

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Are you a licensed foster parent? ☐ Yes ☐ No

Are you (check one) ☐ Working or ☐ Attending School? If you are working, are you paid ☐ Weekly ☐ Bi-Weekly ☐ Other

Is a spouse living in your household? ☐Yes ☐No If yes, is your spouse ☐Working, ☐Attending School or ☐Other _____

PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND YOUR SPOUSE, IF APPLICABLE

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Social Security Number (Optional)	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant
			N/A	N/A	SELF
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Special Needs Note: Child must be enrolled in one of the following: Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); or receiving Supplemental Social Security.

Other Sources of Income

Child Support $_____ month

Social Security $_____ month

TANF $_____ month

Unemployment $_____ month

Other $_____ month

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when/if I complete an application for services.

Signed, _____ *Date* _____

Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

Return to your local Intake Agency (for a complete list of Intake Agents go to: http://www.in.gov/fssa/carefinder/law/apply.html)